

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 4	
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-01-D-0049			<b>2. Delivery Order/Call No.</b>  0002		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001OCT31		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA5	
<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTR-R CATHY MENDOZA (309)782-1258 ROCK ISLAND IL 61299-7630  EMAIL: MENDOZAC@RIA.ARMY.MIL				<b>Code</b> W52H09	<b>7. Administered By (If other than 6)</b> DCMA SANTA ANA 34 CIVIC CENTER PLAZA PO BOX C 12700 SANTA ANA CA 92712-2700				<b>Code</b> S0513A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)	
<b>9. Contractor</b>  • UNITEK 12781 WESTERN AVE STE D GARDEN GROVE CA 92841-4024  Name and Address  • TYPE BUSINESS: Other Small Business Performing in U.S.			<b>Code</b> 1J0R0	<b>Facility</b>  •	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned			
					<b>12. Discount Terms</b>  2.00% 10 Days 1.00% 20 Days			<b>13. Mail Invoices To the Address in Block</b> See Block 15			
<b>14. Ship To</b> SEE SCHEDULE			<b>Code</b> 	<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381				<b>Code</b> HQ0339	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>		
<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
	<b>Purchase</b>		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. Item No.</b>	<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			<b>20. Quantity Ordered/ Accepted*</b>	<b>21. Unit</b>	<b>22. Unit Price</b>	<b>23. Amount</b>				
	KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				<b>24. United States Of America</b>  By: DEBRA JUHL /SIGNED/ JUHL@RIA.ARMY.MIL (309)782-3370				<b>25. Total</b> \$3,624.40		<b>29. Differences</b> _____	
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date Signature Of Authorized Govt Representative					<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b> _____		<b>33. Amount Verified Correct For</b>		
<b>36. I certify this account is correct and proper for payment</b>  _____ Date Signature And Title Of Certifying Officer					<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>	<b>34. Check Number</b>		<b>35. Bill Of Lading No.</b>		
<b>37. Received At</b>	<b>38. Received By</b>	<b>39. Date Received</b>	<b>40. Total Containers</b>	<b>41. S/R Account Number</b>	<b>42. S/R Voucher No.</b>						

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-01-D-0049/0002 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> UNITEK		

SUPPLEMENTAL INFORMATION  
DELIVERY ORDER 0002 IS HEREBY AWARDED UNDER THE TERMS AND CONDITIONS OF CONTRACT DAAE20-01-D-0049.  
  
AWARD IS MADE FOR 65 EACH CIRCUIT CARD ASSEMBLY UNDER CLIN 0001AA.

\*\*\* END OF NARRATIVE A 001 \*\*\*

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY</u></p> <p>SECURITY CLASS: Unclassified</p> <p><u>Packaging and Marking</u></p>				
0001AA	<p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV</u></p> <p>NSN: 5999-01-204-4174            NOUN: CIRCUIT CARD ASSEMB            FSCM: 19200            PART NR: 11784531            SECURITY CLASS: Unclassified            PRON: M111CB39M1    PRON AMD: 01    ACRN: AA            AMS CD: 070011</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u>            INSPECTION: Certificate of Conformance            ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u>            DOC SUPPL  <u>REL CD    MILSTRIP    ADDR    SIG CD    MARK FOR    TP_CD</u>                001   W52H091264A554   W45G19       J                  1  <u>DEL REL CD         QUANTITY         DEL DATE</u>                001                   65                 07-FEB-2002</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>FREIGHT ADDRESS</u>            (W45G19)    XR W390 RED RIVER MUNITIONS CTR                         BLDG 1167                           CL V                         10 ST AND K AVE                         TEXARKANA                           TX 75507-5000</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>                         DAAE20-01-D-0049/0002</p>	65	EA	\$_____ 55.76000	\$_____ 3,624.40

**CONTINUATION SHEET**

Reference No. of Document Being Continued

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**PIIN/SIIN** DAAE20-01-D-0049/0002

**MOD/AMD**

**Name of Offeror or Contractor:** UNITEK

## CONTRACT ADMINISTRATION DATA

										JOB			
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	M111CB39M1	AA	2	97	X4930AC6G	6D	26FB	S11116			W52H09	\$	3,624.40
070011													
											TOTAL	\$	3,624.40

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 3,624.40
						TOTAL	\$ 3,624.40